HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TI	TREATMENT, TREATING ORGANIZATION		
	Substance Abuse Rehabilitation Program (SARP),			
INFORME	CD CONSENT			
DATE:				
you would be substance u which are u types of one common type	ither been give a substance abuse or obenefit from education on substance as problems. Each treatment has its esed infrequently, are almost always use-on-one counseling have been prove pe of treatment for substance use problems social support efforts, and individual	abuse. There abown potential assed in combination to be helpfulblems. At SA	are a variety of treath risks and benefits. M nation with counseling l. Group counseling RP, we combine educe	nents for fedications, g. Some is the most
Mild substance abuse disorders sometimes resolve with interventions to limit substance use; however, there is a risk of worsening psychological, social, and physical problems if abuse recurs. You may choose to have no treatment at all, but it is likely your problems would worsen.				
If you have any questions about this assessment or possible treatments, please ask the clinician who gave you this form, or seek more information from respected sources.				
Please check either box 'a' or 'b' below, and then sign this form:				
a. I	consent to treatment at SARP.			
b. I	do not consent to treatment at this tir	ne.		
Patient S		tient Signature		
Patient Name			Rank/Grade	Sex
SSN/Identifica	ation Number	Status	Date of Birth	
Branch of Ser	vice	Organization		
Sponsor's Nai	onsor's Name Relationship to Sponsor			

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